



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

Toob  
HHSC

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
TAKAYAMA	LINDA	CHU	(808) 545-3060
MAILING ADDRESS (Street)			FAX
P. O. BOX 1196			(808) 545-1182
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

HAWAII HEALTH SYSTEMS CORPORATION	808-733-4020	
MAILING ADDRESS (Street)	FAX	
3675 KILAUEA AVENUE		
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
TOM DRISKILL		808-733-4020
MAILING ADDRESS (Street)		FAX
3675 KILAUEA AVENUE		
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96816

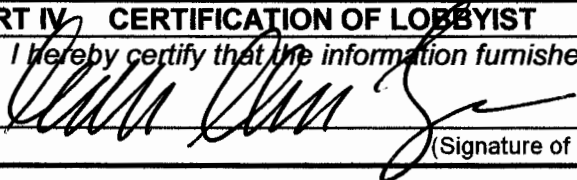
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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

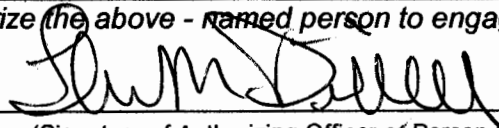


(Signature of Lobbyist)

1/9/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TOM DRISKILL		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable) HAWAII HEALTH SYSTEMS CORPORATION		TELEPHONE 808-733-151	
MAILING ADDRESS (Street)  3675 KILAUEA AVENUE		FAX	
(City) HONOLULU	(State) HAWAII	(Zip Code) 96816	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		01/09/05	
(Signature of Authorizing Officer of Person Represented)		(Date)	